

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000091321**

**1. Entity Name**  
**WALLDESIGN PROFESSIONAL PAPER HANGERS, INC.**



**Principal Place of Business**  
P.O. BOX 659  
PALMETTO, FL 34220

**Mailing Address**  
P.O. BOX 659  
PALMETTO, FL 34220



03252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
51-0425171

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

RIDENOUR, BRIAN  
10115 BUD RHODEN RD  
PALMETTO, FL 34221

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent:**

**SIGNATURE**

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent's signature required when re-registering)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RIDENOUR, BRIAN
STREET ADDRESS	10115 BUD RHODEN RD
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	RIDENOUR, GENNI
STREET ADDRESS	10115 BUD RHODEN RD
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000126058  
04/23/04-80019-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Brian Ridenour* **Brian Ridenour**

**3-28-04**

**941-812-5263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #